

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N43914**

1. Corporation Name

Beth El. The Beeches Synagogue Inc

Principal Place of Business

Mailing Address

**PO Box 51487
Fort Beach, Florida**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. **Beth El. Beaches Synagogue**
P.O. Box 1698
Ponte Vedra, Florida 32004-1698
904-273-9100

3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.

City & State

Zip Country

REINSTATEMENT

00-01

4. Date Incorporated or Qualified
To Do Business in Florida

06 17 91

SP

5. FEI Number

59 307 546 2

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
Dr D	Claire Stoppack	13 Lake Julia Drive	Ponte Vedra, FL 32082
Dr D	Eileen Krinsky	1709 Second St South	Jacksonville Bch, FL 32250
Dr D	Priscilla Fedale	8023 Pebble Creek Lane	Ponte Vedra, FL 32082

8. Name and Address of Current Registered Agent

**Jeffrey Korn
87 Veranda Lane
Ponte Vedra, Florida
32082**

9. Name and Address of New Registered Agent

Name **Jeffrey B. Marks attorney**
Ryan B. Marks
Street Address (P.O. Box Number is Not Acceptable)
3008-8 Hartley Road
Suite, Apt. #, Etc.
City **Jacksonville** State **FL** Zip Code **32257**

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Jeffrey B. Marks

REGISTERED AGENT MUST SIGN **Jeffrey B. Marks**

Date **2-26-01**

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE **Eileen Krinsky**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EILEEN KRINSKY, Ph.D.

022201 9042412490
Date Daytime Phone #
2233663

CR20-10 (1/98)